

Account No. 1836

Funeral of Mr. James Chappell

Date of Funeral August 7th / 1945 Hour 2 P. M. From Westside Chapel

Removal From		3	00	CASH EXPENDITURES			
Embalming		15	00	Door Dressing			
Professional Services	1 Car	5	00	Palms			
Use of Chapel	Hearse	10	00	Flowers			
Use of _____ Doz. Chairs _____ Rug _____							
Drapery _____ Candelabra _____							
Candles _____ Prayer Rail _____				Pall Bearers			
Crucifix _____ Bier _____				Funeral Notices			
Casket No. _____ Mfr. _____		42	00				
Style _____							
Finish _____							
Interior No. _____ Color _____				Clergyman			
				Sexton			
Outside Case _____				Organist _____ Soloist _____			
Mountings _____				Church Charges			
Vault Style _____				New Grave <i>New Crown Opening</i>		25	00
Delivery To _____				Grass & Device _____ Tent _____			
Burial Garment _____				Vault Charges _____			
Slippers _____ Hosiery _____				Crematory Charges _____			
Slumber Blanket _____				Gratuities _____			
Gloves _____							
Cremation Urn _____				Telephone _____ Telegrams _____			
Acknowledgement Cards _____				Transportation _____			
				Casket Coach _____			
				Limousines _____ Flower Cars _____			
				Transcript of Death _____			
Total of Services & Merchandise		75	00	Total Cash Expenditures		25	00
				Total Services & Merchandise		75	00
				Total Amount of Invoice		100	00

Deceased Mr. James Chappell  
Date of Death August 6 1943  
Place of Death City Hospital  
Last Place of Residence 1939 1/2 Boca Street

Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Usual Occupation Blind

### Industry or Business

Husband's Name \_\_\_\_\_ Age \_\_\_\_\_

Wife's Maiden Name Opheha Chappell Age 52

Father's Name John Knowl

Birth Place \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ //

Birth Place \_\_\_\_\_

Social Security No.

### *If Veteran, what War*

### Cause of Death

Physician Mr. Chablin Address \_\_\_\_\_

Informant Mrs. Ophelia Chappell

Address 9392 Joca St

Date of Interment 8-7-43

Cemetery New Crown

Location Section 16

Row 6

~~Lot or~~ Grave No. 13, 421

Ordered By.

*Address*

Charged To Marion County Welfare

*Address*

Invoice Date

*Estate Atty.*

*Address*

### CUSTOMER'S PAYMENT RECORD

100.00

[illegible]